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## FEC FORM 3X

Only

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Amalgamated Life Insurance Company Political Action Committee 730 Broadway ADDRESS (number and street) Check if different than previously New York NY 10003 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00369827 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Х Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 0 1 0 1 2006 03 3 1 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Victoria R. Sartor Type or Print Name of Treasurer Electronically Filed by Victoria R. Sartor 04 13 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003)

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name Amalgamated Life Insurance Company Political Action Committee <sup>®</sup> D " D 0 1 0 1 2006 0.3 3 1 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2006 57236.96 January 1 (b) Cash on Hand at 57236.96 Begining of Reporting Period ..... 3738.16 3738.16 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 60975.12 60975.12 6(a) and 6(c) for Column B) ..... 7000.00 7000.00 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 53975.12 53975.12 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) ..... 0.00 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

Amalgamated Life Insurance Company Political Action Committee

Report Covering the Period:

From:

м м 0 1 01

2006

то.

м м 0 3 <sup>D</sup> 3 1

2006

|     | I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-----|--|-------------------------------|-----------------------------------|
| 11. | Contributions (other than loans) From: (a) Individuals/Persons Other |                               |                                   |
|     | Than Political Committees (i) Itemized (use Schedule A)              | 410.00                        | 410.00                            |
|     | (ii) Unitemized  | 3271.00                       | 3271.00                           |
|     | (iii) TOTAL (add<br>Lines 11(a)(i) and (ii)                          | 3681.00                       | 3681.00                           |
|     | (b) Political Party Committees                                       | 0.00                          | 0.00                              |
|     | (c) Other Political Committees (such as PACs)                        | 0.00                          | 0.00                              |
|     | 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)            | 3681.00                       | 3681.00                           |
| 2.  | Transfers From Affiliated/Other Party Committees                     | 0.00                          | 0.00                              |
| 3.  | All Loans Received   | 0.00                          | 0.00                              |
|     | Loan Repayments Received Offsets To Operating Expenditures           | 0.00                          | 0.00                              |
|     | (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)           | 0.00                          | 0.00                              |
| Ο.  | to Federal candidates and Other Political Committees                 | 0.00                          | 0.00                              |
| 7.  | Other Federal Receipts (Dividends, Interest, etc.)                   | 57.16                         | 57.16                             |
| 8.  |  |                               |                                   |
|     | (a) Non-Federal Account (from Schedule H3)                           | 0.00                          | 0.00                              |
|     | (b) Levin Funds (from Schedule H5)                                   | 0.00                          | 0.00                              |
|     | (c) Total Transfer (add 18(a) and 18(b)).                            | 0.00                          | 0.00                              |
| 9.  | Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))  | 3738.16                       | 3738.16                           |
| 20. | Total Federal Receipts (subtract Line 18(c) from Line 19)            | 3738.16                       | 3738.16                           |

### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

|     | II. DISBURSEMENTS   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-----|---|-------------------------------|-----------------------------------|
| 21. | Operating Expenditures: (a) Shared Federal/Non-Federal                                |                               |                                   |
|     | Activity (from Schedule H4)   | 0.00                          | 0.00                              |
|     | (i) Federal Share   |                               |                                   |
|     | (ii) Non-Federal Share  | 0.00                          | 0.00                              |
|     | (b) Other Federal Operating  Expenditures   | 0.00                          | 0.00                              |
|     | (c) Total Operating Expenditures  |                               |                                   |
| ,   | (add 21(a)(i), (a)(ii) and (b))   | 0.00                          | 0.00                              |
| ∠.  | Committees  | 0.00                          | 0.00                              |
| 3.  | Contributions to Federal Candidates/Committees  | 7000.00                       | 7000 00                           |
| L.  | and Other Political Committees  | 7000.00                       | 7000.00                           |
|     | (use Schedule E)  | 0.00                          | 0.00                              |
| ).  | Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00                          | 0.00                              |
| 3.  | Loan Repayments Made  | 0.00                          | 0.00                              |
|     | Loans Made  | 0.00                          | 0.00                              |
|     | Refunds of Contributions To:  | 0.00                          | 0.00                              |
|     | (a) Individuals/Persons Other Than Political Committees                               | 0.00                          | 0.00                              |
|     | (b) Political Party Committees  | 0.00                          | 0.00                              |
|     | (c) Other Political Committees (such as PACs)   | 0.00                          | 0.00                              |
|     | (d) Total Contribution Refunds  | 0.00                          | 0.00                              |
|     | (add Lines 28(a), (b), and (c))   |                               | 0 0 0 0 0 0 0                     |
| 9.  | Other Disbursements   | 0.00                          | 0.00                              |
| ).  | Federal Election Activity (2 U.S.C 431(20))   |                               |                                   |
|     | (a) Shared Federal Election Activity (from Schedule H6)                               |                               |                                   |
|     | (i) Federal Share   | 0.00                          | 0.00                              |
|     | (ii) "Levin" Share  | 0.00                          | 0.00                              |
|     | (b) Federal Election Activity Paid Entirely With Federal Funds                        | 0.00                          | 0.00                              |
|     | (c) Total Federal Election Activity (add<br>Lines 30(a)(i), 30(a)(ii) and 30(b))      | 0.00                          | 0.00                              |
| 1.  | Total Disbursements (add Lines 21(c), 22,   |                               |                                   |
|     | 23, 24, 25, 26, 27, 28(d), 29 and 30(c))  | 7000.00                       | 7000.00                           |
| 2.  | Total Federal Disbursements   |                               |                                   |
|     | (subtract Line 21(a)(ii) from Line 30(a)(ii)  | 7000.00                       | 7000 00                           |
|     | from Line 31)   | 7000.00                       | 7000.00                           |

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating<br>Expenditures                            | COLUMN A Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|----------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3)         | 3681.00                    | 3681.00                           |
| 34. Total Contribution Refunds (from Line 28(d))                            | 0.00                       | 0.00                              |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33)    | 3681.00                    | 3681.00                           |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00                       | 0.00                              |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)                | 0.00                       | 0.00                              |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36)              | 0.00                       | 0.00                              |

| S                 | CHEDULE A (FEC Form 3X)   | FOR LINE NUMBER: PAGE 6 / 11 |   |  |    |
|-------------------|---|------------------------------|---|--|----|
| ITEMIZED RECEIPTS |   |                              | Use separate schedule(s)<br>or each category of the                     | (check only one)   |    |
|                   |   | Detailed Summary Page        | X 11a 11b 11c 12  |  |    |
| _                 |   |                              |   |  | 17 |
| Ar                | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n | atements may<br>name and add | not be sold or used by any perso<br>dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |    |
|                   | NAME OF COMMITTEE (In Full)   |                              | 7,1111111111111111111111111111111111111                                 |  | _  |
| $ \rangle$        | Amalgamated Life Insurance Company  | Political Ad                 | ction Committee   |  |    |
| <u>/</u>          | Full Name (Last, First, Middle Initial)   |                              |   | <u> </u>   |    |
| A.                | Martin R. Cohen   |                              |   | Date of Receipt  |    |
|                   | Mailing Address 63 Jefferson Avenue   |                              |   | M M / D D / Y Y Y  |    |
|                   |   |                              |   | 03 29 2006   |    |
|                   | City  | State                        | Zip Code  | Transaction ID: SA11A1.7692  |    |
|                   | Islip Terrace   | NY                           | 11752   | Amount of Each Receipt this Period   |    |
|                   | FEC ID number of contributing federal political committee.  | С                            |   | 30.00  |    |
|                   | Name of Employer  | Occupation                   | 1   | 7  |    |
|                   | Amalgamated Life Insurance<br>Company   | Chief Act                    | uary  |  |    |
|                   | Receipt For:  | Aggregate                    | Year-to-Date ▼  |  |    |
|                   | Primary General   |                              | 210.00  |  |    |
|                   | Other (specify)   |                              | 210.00  |  |    |
|                   |   |                              |   |  |    |
| В.                | Full Name (Last, First, Middle Initial) Michael Hirsch  |                              |   | Date of Receipt  |    |
|                   | Mailing Address 91 Bradford Lane  |                              |   | M M / D D / Y Y Y Y  |    |
|                   |   |                              |   | 03 15 2006   |    |
|                   | City  | State                        | Zip Code  | Transaction ID: SA11A1.7670  |    |
|                   | Plainsboro  | NJ                           | 08536   | Amount of Each Receipt this Period   |    |
|                   | FEC ID number of contributing federal political committee.  | С                            |   | 40.00  | 1  |
|                   |   |                              |   |  | 1  |
|                   | Name of Employer<br>Amalgamated Life Insurance  | Occupation                   |   |  |    |
|                   | Company   | Exec. VP                     |   | 4  |    |
|                   | Receipt For:  Primary  General  | Aggregate                    | Year-to-Date ▼  |  |    |
|                   | Other (specify)   | ' '                          | 240.00  |  |    |
|                   | cana (operation) 🗸  | 0 0                          | 0 0 0 0 0 0 0   |  |    |
| С.                | Full Name (Last, First, Middle Initial) Michael Hirsch  |                              |   | Date of Receipt  |    |
|                   | Mailing Address 91 Bradford Lane  |                              |   | M M / D D / Y Y Y Y  |    |
|                   |   |                              |   | 03 29 2006   |    |
|                   | City  | State                        | Zip Code  | Transaction ID: SA11A1.7696  |    |
|                   | Plainsboro  | NJ                           | 08536   | Amount of Each Receipt this Period   |    |
|                   | FEC ID number of contributing federal political committee.  | С                            |   | 40.00  |    |
|                   | Name of Employer  | Occupation                   |   |  | _  |
|                   | Amalgamated Life Insurance  | Exec. VP                     |   |  |    |
|                   | Company Receipt For:  | 1                            | Year-to-Date ▼  | $\dashv$   |    |
|                   | Primary General   | 7.99.094.0                   | 1 1 1 1 1 1 1 1   | 1  |    |
|                   | Other (specify)   | 1                            | 280.00  |  |    |
|                   |   |                              |   |  |    |
|                   | ·   |                              |   | 110.00   | 1  |
| s                 | UBTOTAL of Receipts This Page (optional)  |                              |   | 110.00   | _  |
|                   |   |                              |   |  | 1  |
| T                 | OTAL This Period (last page this line number or   | nly)                         | <b>&gt;</b>   |  | 4  |

|                   | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  |                            | Use separate schedule(s) or each category of the Detailed Summary Page    | FOR LINE NUMBER: PAGE 7 / 11 (check only one)  X 11a 11b 11c 12 13 14 15 16 17           |
|-------------------|--|----------------------------|---|--|
| Ar<br>or          | ny information copied from such Reports and Stat<br>for commercial purposes, other than using the na   | tements may<br>ame and add | r not be sold or used by any perso<br>dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Company I   | Political Ad               | ction Committee   |  |
| <b>A.</b> .       | Full Name (Last, First, Middle Initial) Jeanne Jarvis-Meara Mailing Address 42 Center Court  City Roslyn Heights  FEC ID number of contributing federal political committee.  Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Jeanne Jarvis-Meara Mailing Address 42 Center Court  City Roslyn Heights  FEC ID number of contributing federal political committee. | l                          | Zip Code 11577  n ce President Year-to-Date ▼  240.00  Zip Code 11577     | Date of Receipt    M   M   |
|                   | Name of Employer Amalgamated Life Insurance Company Receipt For: Primary General Other (specify)   |                            | n<br>ce President<br>Year-to-Date ▼                                       |  |
| <b>C.</b>         | Full Name (Last, First, Middle Initial) Arthur M. Kurek  Mailing Address 10 Claremont Avenue  City Bloomfield  FEC ID number of contributing federal political committee.  Name of Employer Amalgamated Life Insurance Company  Receipt For:  Primary General Other (specify)  |                            | Zip Code<br>07003   | Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                           |
| s                 | UBTOTAL of Receipts This Page (optional)   |                            | <b>&gt;</b>   | 120.00   |
|                   |  |                            |   |  |

TOTAL This Period (last page this line number only) .....

| S                 | CHEDULE A (FEC Form 3X)  | FOR LINE NUMBER: PAGE 8/     | 11  |  |          |
|-------------------|--|------------------------------|---|--|----------|
| ITEMIZED RECEIPTS |  |                              | Use separate schedule(s)<br>or each category of the                     | (check only one)   |          |
| •••               | LIMIZED RECEIF 13  |                              | Detailed Summary Page   | X 11a 11b 11c 12   |          |
| _                 |  |                              | 13 14 15 16   |  |          |
| An                | y information copied from such Reports and St<br>for commercial purposes, other than using the | atements may<br>name and add | not be sold or used by any perso<br>dress of any political committee to | n for the purpose of soliciting contribution solicit contributions from such committee | ns<br>e. |
|                   | NAME OF COMMITTEE (In Full)  |                              | 7,1111111111111111111111111111111111111                                 |  |          |
| $ \rangle$        | Amalgamated Life Insurance Company   | Political A                  | ction Committee   |  |          |
| $\angle$          |  |                              |   |  |          |
|                   | Full Name (Last, First, Middle Initial)  |                              |   | Data of Bassist  |          |
| Α.                | Arthur M. Kurek  Mailing Address 10 Claremont Avenue   |                              |   | Date of Receipt  | V        |
|                   | To Claremont Avenue  |                              |   | 03 29 200  |          |
|                   | City   | State                        | Zip Code  | Transaction ID: SA11A1.7700  |          |
|                   | Bloomfield   | NJ                           | 07003   | Amount of Each Receipt this Perio  | od       |
|                   | FEC ID number of contributing  |                              |   | 40   | 0.00     |
|                   | federal political committee.   | C                            |   | 40   | 7.00     |
|                   | Name of Employer   | Occupation                   | <br>1   | $\dashv$   |          |
|                   | Amalgamated Life Insurance<br>Company  |                              | ce President  |  |          |
|                   | Receipt For:   | Aggregate                    | Year-to-Date ▼  |  |          |
|                   | Primary General  |                              | 280.00  |  |          |
|                   | Other (specify)  |                              | 200.00  |  |          |
| _                 | Full Name (Last, First, Middle Initial)  |                              |   |  |          |
| В.                |  |                              |   | Date of Receipt  |          |
|                   | Mailing Address 24 Burling Avenue  |                              |   | M M / D D / Y Y Y  | Υ        |
|                   |  |                              |   | 03 15 200  | 0 6      |
|                   | City   | State                        | Zip Code  | Transaction ID: SA11A1.7677  |          |
|                   | White Plains   | NY                           | 10605   | Amount of Each Receipt this Period   | od       |
|                   | FEC ID number of contributing federal political committee.                                     | C                            |   | 40   | 0.00     |
|                   | Tederal political committee.   |                              |   |  |          |
|                   | Name of Employer<br>Amalgamated Life Insurance   | Occupation                   |   |  |          |
|                   | Company  | Presiden                     |   |  |          |
|                   | Receipt For:  Primary  General   | Aggregate                    | Year-to-Date ▼  |  |          |
|                   | Other (specify)  | ' '                          | 240.00  |  |          |
|                   |  |                              |   | '  |          |
| _                 | Full Name (Last, First, Middle Initial)  |                              |   |  |          |
| C.                | Ronald Minikes   |                              |   | Date of Receipt  |          |
|                   | Mailing Address 24 Burling Avenue  |                              |   | 03 29 200  |          |
|                   | City   | State                        | Zip Code  | Transaction ID: SA11A1.7704  |          |
|                   | White Plains   | NY                           | 10605   | Amount of Each Receipt this Perio  | od       |
|                   | FEC ID number of contributing  |                              |   | 10   | 000      |
|                   | federal political committee.   | C                            |   | 40   | 0.00     |
|                   | Name of Employer   | Occupation                   | <br>1   | $\dashv$   |          |
|                   | Amalgamated Life Insurance<br>Company  | Presiden                     |   |  |          |
|                   | Receipt For:   | Aggregate                    | Year-to-Date ▼  |  |          |
|                   | Primary General  |                              | 280.00  |  |          |
|                   | Other (specify)  | 0 0                          | 200.00  |  |          |
|                   |  |                              |   |  |          |
|                   | UBTOTAL of Receipts This Page (optional)   |                              | _   | 120  | .00      |
|                   | ODITION OF NECESPES THIS Page (optional)   |                              | ······································                                  |  |          |
| <sub>T</sub> (    | OTAL This Period (last page this line number of  | only)                        |   |  |          |

Primary

Other (specify)

General

### SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

PAGE 9/11 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Amalgamated Life Insurance Company Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt Victoria R. Sartor Mailing Address 117 Burke Place 03 29 2006 City State Zip Code Transaction ID: SA11A1.7708 **Paramus** NJ 07652 Amount of Each Receipt this Period FEC ID number of contributing 30.00 C federal political committee. Name of Employer Amalgamated Life Insurance Occupation VP, Finance Reporting Company Aggregate Year-to-Date ▼ Receipt For: General Primary 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas G. Thompson Date of Receipt Mailing Address 25 South Eliott PA 03 29 2006 City State Zip Code Transaction ID: SA11A1.7711 Brooklyn NY 11217 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Amalgamated Life Insurance Occupation Company Receipt For: Aggregate Year-to-Date ▼

210.00

| SUBTOTAL of Receipts This Page (optional)           | •        | 60.00  |
|---|----------|--------|
| TOTAL This Period (last page this line number only) | <u> </u> | 410.00 |

## SCHEDULE B (FEC Form 3X)

| SCHEDOLL B (I LC   | -                    | Use seperate schedule(s                           | )     | (check o       | IE NUMB<br>nlv one) | EK:     |                | P         | AGE     | 10 / 1   | 1         |
|--|----------------------|---|-------|----------------|---------------------|---------|----------------|-----------|---------|----------|-----------|
| ITEMIZED DISBURS   | EMENTS               | for each category of the<br>Detailed Summary Page | _  [  | 21b<br>27      | 22<br>28a           | Х       | 23<br>28b      | 24<br>28c | Я       | 25<br>29 | 26<br>30b |
| Any Information copied from suc<br>or for commercial purposes, oth |                      |   |       |                |                     |         |                |           |         |          |           |
| NAME OF COMMITTEE (Ir  |                      | The and address of any pointer                    | u com | THILLEG TO     | SOIICIL COI         | liibuli | 10115 110      | iii Sucii | COITIII | iiiiee   |           |
| ,  | •                    | Political Action Committee                        | )     |                |                     |         |                |           |         |          |           |
| Full Name (Last, First, Midd                                       | ,                    |   |       |                |                     |         |                | SB23.7    | 719     |          |           |
| Farrell for Farrell for Co   | ngress               |   |       |                |                     |         | isburse        |           | Y Y     | Y        | Υ         |
| Mailing Address  |                      |   |       |                | 0 <sup>M</sup> 3    | 3       | 2              | 3 /       | 2       | 0 Ď 6    |           |
| City   |                      | State Zip Code                                    |       |                | Amo                 | ount o  | f Each         | Disburse  | -       |          | -         |
| Purpose of Disbursement  |                      |   |       |                |                     |         |                |           |         | 500.0    | 0         |
| Candidate Name   |                      |   |       | tegory/<br>ype |                     |         |                |           |         |          |           |
| Office Sought: House Sena Presi                                    | ite                  | sement For: Primary General Other (specify)       |       |                |                     |         |                |           |         |          |           |
| State: District: Full Name (Last, First, Midd                      |                      |   |       |                |                     |         |                | 0000      |         |          |           |
| Sherrod B Friends of Sh  |                      |   |       |                | Date                | of Di   | isburse        |           |         |          | V         |
| Mailing Address  |                      |   |       |                | 0 3                 | 3 M     | <sup>D</sup> 2 | 3 /       | ž       | 0 0 6    | Y         |
| City   |                      | State Zip Code                                    |       |                | Amo                 | ount o  | f Each         | Disburse  | ement   | this P   | eriod     |
| Purpose of Disbursement  |                      |   |       |                |                     |         |                |           |         | 500.0    | 0         |
| Candidate Name   |                      |   |       | tegory/<br>ype |                     |         |                |           |         |          |           |
| Office Sought: Hous Sena Presi                                     | ite                  | sement For: Primary General Other (specify)       |       |                |                     |         |                |           |         |          |           |
| State: District: Full Name (Last, First, Midd                      | <br>le Initial)      |   |       |                | Tues                |         | ID:            | CD00 7    | 7700    |          |           |
| Lois for Lois Murphy for   | ,                    |   |       |                | _                   | of Di   | isburse        |           |         |          |           |
| Mailing Address  |                      |   |       |                | o <sup>M</sup> 3    | 3 M     | 2              | 3 / C     | ž       | 0 0 6    | Y         |
| City   |                      | State Zip Code                                    |       |                | Amo                 | ount o  | f Each         | Disburse  | ement   | this P   | eriod     |
| Purpose of Disbursement  |                      |   |       |                |                     |         |                |           |         | 500.0    | 0         |
| Candidate Name   |                      |   |       | tegory/<br>ype |                     |         |                |           |         |          |           |
| Office Sought: Hous Sena Presi                                     | ite                  | sement For:  Primary General  Other (specify) ▼   |       |                |                     |         |                |           |         |          |           |
| SUBTOTAL of Disbursements  | This Page (optiona   | l)  |       | ▶              |                     |         |                |           | 15      | 500.0    | 0         |
|  |                      |   |       |                |                     |         | -              |           | _       | -        |           |
| TOTAL This Period (last page                                       | this line number onl | ly)   |       | ▶              |                     |         |                |           |         |          |           |

| 90           | CHEDULE B (FEC Form 3X)                            |                                 | 1 505 1 115          |   | • |
|--------------|--|---------------------------------|----------------------|---|---|
|              | •  | Use seperate schedule(s)        | FOR LINE (check only |   | AGE 11/11                               |
| IT           | EMIZED DISBURSEMENTS                               | for each category of the        | 21b                  | 22 🛛 23 🗍 24                                | □ 25 □ 26                               |
|              |  | Detailed Summary Page           | 27                   | 28a 28b 28c                                 | 29 30b                                  |
| An           | y Information copied from such Reports and Statem  | nents may not be sold or used   | by any person f      | or the purpose of solicating of             | contributions                           |
|              | for commercial purposes, other than using the name |                                 |                      |   |   |
| Λ            | NAME OF COMMITTEE (In Full)                        |                                 |                      |   |   |
| 17           | Amalgamated Life Insurance Company Po              | litical Action Committee        |                      |   |   |
| $\mathbb{L}$ |  |                                 |                      |   |   |
| ٨            | Full Name (Last, First, Middle Initial)            |                                 |                      | Transaction ID: SB23.7                      | 725                                     |
| Α.           | Mfume for Mfume for Senate Campaign                |                                 |                      | Date of Disbursement                        |   |
|              | Mailing Address                                    |                                 |                      | 03 24                                       | 2006                                    |
|              | Walling Address                                    |                                 |                      |   | . =                                     |
|              | City   | State Zip Code                  |                      | Amount of Each Disburse                     | ement this Period                       |
|              |  |                                 |                      |   |   |
|              | Purpose of Disbursement                            |                                 |                      |   | 5000.00                                 |
|              |  |                                 |                      |   |   |
|              | Candidate Name                                     |                                 | Category/            |   |   |
|              |  |                                 | Туре                 |   |   |
|              |  | ement For:                      |                      |   |   |
|              | Senate<br>  President                              | Primary General Other (specify) |                      |   |   |
|              | State: District:                                   | Other (specify)                 |                      |   |   |
| _            | Full Name (Last, First, Middle Initial)            |                                 |                      |   |   |
| В.           | Morrison for Morrison for Montana                  |                                 |                      | Transaction ID: SB23.7 Date of Disbursement | 717                                     |
|              | Worthsoft for Worthsoft for Wortharia              |                                 |                      | M M / D D /                                 | V                                       |
|              | Mailing Address                                    |                                 |                      | 0 3 2 3                                     | ž 0 Ď 6 Š                               |
|              |  |                                 |                      |   |   |
|              | City   | State Zip Code                  |                      | Amount of Each Disburse                     | ement this Period                       |
|              | - (5)  |                                 |                      |   | 500.00                                  |
|              | Purpose of Disbursement                            |                                 |                      |   | 300.00                                  |
|              | Candidate Name                                     |                                 | Category/            |   |   |
|              | Cardidate Name                                     |                                 | Type                 |   |   |
|              | Office Sought: House Disburse                      | ement For:                      | 71                   |   |   |
|              | Senate   | Primary General                 |                      |   |   |
|              | President  | Other (specify) ▼               |                      |   |   |
|              | State: District:                                   |                                 |                      |   |   |

| SUBTOTAL of Disbursements This Page (optional)      | <u> </u> | 5500.00 |
|---|----------|---------|
| TOTAL This Period (last page this line number only) | <b>•</b> | 7000.00 |